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Bib Data Sheet

CONFIRMATION NO. 8200

SERIAL NUMBER 09/191,047	FILING DATE 11/12/1998 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. MS1-286US	
APPLICANTS SARAH E. ZUBEREC, SEATTLE, WA; CYNTHIA DU VAL, SHORELINE, WA; BENJAMIN N. RABELOS, SEATTLE, WA;					
** CONTINUING DATA ***** <i>None AAA</i>					
** FOREIGN APPLICATIONS ***** <i>None AAA</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/03/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Non Examining</i> <i>Now AAA</i> Examiner's Signature Initials		STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
ADDRESS 22801 LEE & HAYES PLLC 421 W RIVERSIDE AVENUE SUITE 500 SPOKANE , WA 99201 <i>34</i>					
TITLE SPEECH RECOGNITION USER INTERFACE					
FILING FEE RECEIVED 1414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/191,047	11/12/98	704	2741	MS1-286US

APPLICANT

SARAH E. ZUBEREC, SEATTLE, WA; CYNTHIA DU VAL, SHORELINE, WA;
BENJAMIN N. RABELOS, SEATTLE, WA.

CONTINUING DOMESTIC DATA***

VERIFIED

None MM

371 (NAT'L STAGE) DATA***

VERIFIED

None MM

FOREIGN APPLICATIONS***

VERIFIED

None MM

FOREIGN FILING LICENSE GRANTED 12/03/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY WA	SHEETS DRAWING 7	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7
Verified and Acknowledged Examiner's Initials	<u>None MM</u>	Initials			

ADDRESS	LEE & HAYES SUITE 430-500 201 NORTH RIVER DRIVE - 500 Riverside Ave. SPOKANE WA 99201 - 0402
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TITLE		SPEECH RECOGNITION USER INTERFACE
FILING FEE RECEIVED \$1,414	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit